

# ***HEALTH & HUMAN SERVICES COMMITTEE***

***of the***

***Suffolk County Legislature***

## **Minutes**

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on August 3, 2006.

### **Members Present:**

Legislator Eli Mystal • Chairman  
Legislator Steve Stern • Vice•Chair  
Legislator Jack Eddington  
Legislator Edward Romaine  
Legislator John Kennedy

### **Also in Attendance:**

George Nolan • Counsel to the Legislature  
Richark Baker • Deputy Clerk/Suffolk County Legislature  
John Ortiz • Senior Budget Analyst/Budget Review Office  
Fran Siems • Aide to Presiding Officer Lindsay  
Paul Perillie • Aide to Majority Caucus  
Linda Bay • Aide to Minority Caucus  
Deborah Harris • Aide to Legislator Stern  
Ben Zwirn • Assistant County Executive  
Dennis Brown • County Attorney's Office  
Janet DeMarzo • Commissioner/Department of Social Services  
Ed Hernandez • Deputy Commissioner/Department of Social Services  
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services  
Dr. Brian Harper • Commissioner/Department of Health Services  
Saba Mchunguzi • Assistant to the Commissioner/Dept of Health Services  
Allen Kovesdy • Director of Administration/Dept of Health Services

Len Marchese • Director of Management & Research/DHS  
Sandy Sullivan • Legislative Director/AME  
Tracy Alexix Trypuc • VP/Greater Patchogue Chamber of Commerce  
William Lupski • Save the Forge River Task Force  
Louise Lupski • Save the Forge River Task Force  
Donna Cange • Save the Forge River Task Force  
Carol & Carl Galley • Save the Forge River Task Force  
MaryAnn Johnston • Save the Forge River Task Force  
John Scignano • Save the Forge River Task Force  
Kevin McAllister • Peconic Baykeeper  
Joe May • Mastic Park Civic Association  
Alfred Kilb • Supervisor/Town of Shelter Island  
Christine Lewis • Deputy Supervisor/Town of Shelter Island  
Neal Raymond • Councilman/Town of Shelter Island  
Peter S. Reich • Councilman/Town of Shelter Island  
Ed Brown • Councilman/Town of Shelter Island  
Janalyn Travis•Messer • Shelter Island Deer & Tick Committee  
Rae Lapides • Shelter Island Deer & Tick Committee  
Patricia Shillingburg • Shelter Island Deer & Tick Committee  
Dr. Zittick • Shelter Island Deer & Tick Committee  
Mary Ellen McGayhey • Resident of Shelter Island  
Cheryl Hughes • Regarding Tobacco Cessation Program  
Corinne Whitaker • Regarding Tobacco Cessation Program  
Deborah Arch•Bennett • Regarding Tobacco Cessation Program  
All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney • Court Stenographer

***(\*The meeting was called to order at 12:32 PM\*)***

**CHAIRMAN MYSTAL:**

Please rise for the Pledge of Allegiance led by Legislator Stern.

***Salutation***

Good afternoon to all and welcome to the Health and Human Services

Committee. We have a short agenda but a lengthy program. Those of you who have cards, please remain in the room, we will call your name. We would like to first call the Commissioner of Health, Dr. Brian Harper, to the table to talk to us.

**COMMISSIONER HARPER:**

Thank you, Mr. Chairperson, for the opportunity to speak with the Health Committee this afternoon. I have a brief presentation that I would like to do regarding the Suffolk County Cancer Resources Commission.

As you may be aware, the Cancer Resources Commission was created through Resolution No. 781 and the Cancer Resources Commission was actually charged with addressing the concerns of Suffolk County residents who are indigent or who have Medicaid but unfortunately face many obstacles in obtaining cancer related medical care. Given that our community health centers strictly provide primary care for persons regardless of their ability to pay, there was a concern after our patients are screened and found to have cancer, they may not have the resources available in the community for us to provide referrals and make sure that those individuals are, in fact, treated for the disease.

As I mentioned, the Cancer Commission, Resources Commission was formed as a result of legislation and I would like to take this opportunity to thank the members of the commission. I'm serving as Chair of this commission, certainly my Vice•Chair, Kevin Dayhill, who is with the Nassau•Suffolk Hospital Council, serves as our Vice•Chair and our secretary is Lashawn Brown who is doing a very good job. In addition, I would like to take this opportunity to thank you, certainly, Legislator Mystal and certainly all of those Legislative representatives who participate in the meeting as well as the staff who assist us with the routine work of the commission.

As part of our process, what we have done is we are trying to essentially develop an assessment of the magnitude of the problem. One of the first steps that we actually did was to have a presentation from our own Suffolk County Department of Health, Division of Patient Care Service, Dr. Iftikhar, to review with the commission what some of the problems were. We essentially ascertained that roughly 15 to 30 patients from each community

health center are referred on an annual basis for cancer treatment and follow-up care to a hospital or a specialist. We also entertained a report from Kevin Dayhill who is with the Nassau-Suffolk Hospital Council and he provided a very good analysis of the cancer procedures of those patients admitted to Suffolk County hospitals through the •• for cancer procedures. And we determined that, in fact, there are certain hospitals that are accepting a large percentage of non-paying patients, what we call self-pay patients, and then there are a large percentage of other hospitals who are not accepting as many non-paying patients as we would like them to accept. So in fact, this may be an avenue for us to certainly pursue in the future to encourage all hospitals to accept some of these patients.

We did, in fact, also hold a public forum which was held on the 28th of March at the Riverhead Community Center •• excuse me, Riverhead County Center in the Legislative Auditorium. And this was a very good opportunity for the commission to hear directly back from the public what some of their concerns were, and I can share with you just briefly some of the highlights of the concerns that were raised. There was a very strong presentation made that we need to make sure that all of our services are accessible to the disabled in the population. Interestingly enough, there was a sense from the presenter that many of the health care workers, in fact, are not sensitive to the fact that we have disabled people and that they may not be able to necessarily use a lot of the medical equipment that's available, and that was a strong point that was made.

We did also have a number •• well, actually two physicians who spoke about the fact that there are many financial problems involved with providing care to Medicaid and uninsured populations, which we were aware of. They suggested that if there are mechanisms or ways that we could come up with providing malpractice insurance as well as sort of social worker, case management for patients, that we may, in fact, find that there are physicians who are willing to provide those services for this indigent population.

We also became aware of the need, obviously, for specialists on the east end. There was a concern also that we need to address the north fork •• excuse me, the north fork as well as the south fork when we're looking at

the east end. And there is a need to certainly quantify the issue by documenting the number and types of cancer cases that are in the east end as well as throughout the County as a whole.

Transportation was again raised as a major problem and we became aware of a group known as Peconic Connections that actually has the infrastructure to provide transportation on the east end and the suggestion was at some point we needed to perhaps fund that agency to make sure that they can provide services. We also heard from a filmmaker who discussed a documentary that she is in the process of producing about the challenges of obtaining medical care for the uninsured, particularly on the east end.

During the time period that the commission was formed, we also collaborated with SUNY Stony Brook and we received a grant which actually provides free colonoscopy to our patients in the community health centers, as well as it provides the after•care, if necessary. So if a person is found to actually have cancer, then in fact that patient would be treated at SUNY Stony Brook and the follow•up care would be provided. This grant came from the CDC and this is a fairly unique that we were able to obtain a grant that provides not only the screening but as well as the follow•up patient care.

In addition, we had the opportunity to review the New York State Comprehensive Cancer Control Plan in which they provide strategic directions for the entire state in terms of taking care of cancer patients, and we want to make sure that our recommendations will be consistent with the State overall plan.

So in summary, I just wanted to provide this update to the committee and share with you that we are continuing to work to develop recommendations. We do have preliminary recommendations that I will share with the entire committee and we hope to have a complete and finalized report by the end of the year.

**CHAIRMAN MYSTAL:**

Thank you very much, Commissioner. Questions? Ed?

**LEG. ROMAINE:**

No.

**CHAIRMAN MYSTAL:**

You don't have any questions for the Commissioner?

**LEG. ROMAINE:**

Not today.

**CHAIRMAN MYSTAL:**

Whoa, this is a momentous day. Mr. Kennedy.

**LEG. KENNEDY:**

Mr. Chair, I guess I would like to commend the Commissioner on this presentation. Obviously cancer is a matter that, you know, impacts folks across the board. And I realize that there's got to be a scope that's somewhat limiting, but I would suggest to you that even for those folk, people who have health insurance coverage, a diagnosis, a cancer diagnosis, as you well know, can be economically devastating as they attempt to go ahead and procure the best care that they can achieve when, on occasion, physicians or hospitals may be out of the networks that we all have come to know and hate.

So I would encourage you as you look at this to at least be cognizant of the fact that the diagnosis and the presence of medical insurance doesn't necessarily protect a family from the same type of economic devastation that those that are without means may have had beforehand. This diagnosis can go ahead and take a family and bring it to its knees as they go through the process.

Having said that, I'd ask the Chair if I can question •• okay. Two other areas, Doctor, that I need you to at least •• in one case I'm going to ask you for our next cycle to come back to me with some specific information about our Suffolk Health Plan. I've heard a variety of different things about our Suffolk Health Plan, some of them very promising, some of them very disturbing. I understand that we are on the fringe of getting authorization to actually provide service at an adult level.



**COMMISSIONER HARPER:**

That's correct, Family Health Plus.

**LEG. KENNEDY:**

Which is to commend the department, I know that's been no easy task to get that State-based approval. And I know that it means a significant thing for us as we first care and as we shepherd that revenue stream, because it is an important revenue stream.

Having said that, I'm disturbed because I'm told that the number of bilingual •• and I hate to use this term marketers, but I guess they are employees that we have that actually reside in the various centers to encourage patients to actually become enrolled. That number I'm told has dropped from somewhere two years ago in the neighborhood of eight to ten to now only two. I'm also told that the marketers are not present in our health centers, particularly on the east end; where that had been previously staffed five days a week, there is now a person in only three days a week. And it seems to me counterintuitive that the areas that we would have the highest concentration of Spanish-speaking or other language speaking patients, we don't have individuals who can communicate with them and so it frustrates the process. I'm going to ask you to look into that, I'm going to ask you to address that if you can in two weeks.

**COMMISSIONER HARPER:**

Okay.

**LEG. KENNEDY:**

The final item I'm going to just ask you to speak on briefly is apparently we had our first positive West Nile finding and a possibility of a West Nile case in my district; it's where the water is, that's where the mosquitoes are, I guess. Can you tell me anything about it?

**COMMISSIONER HARPER:**

Okay. If I can just address both issues, but let me go back to the issue regarding the Suffolk Health Plan.

As you suggested, we are in the process and we're very close to obtaining the Family Health Plus Program which will allow us to expand the services that we offer to those who may not be eligible for Medicaid, they may have a slightly higher salary, so that is a very positive finding.

In terms of the marketers, yes, it is true that, in fact, we did lose I believe a couple of marketers fairly recently who resigned or they took other positions. But we have already obtained the signed SCIN forms or the permission to hire additional marketers for that particular program and we are going to make our best effort to assure that they do speak Spanish as well.

**LEG. KENNEDY:**

What I would ask you to consider, Doctor, is I'm told that these positions from the Civil Service classification are something called a Neighborhood Aide.

**COMMISSIONER HARPER:**

That's correct.

**LEG. KENNEDY:**

That Neighborhood Aide is not necessarily a competitive class. There's no exam for this, there's no or very minimal prequalifications. In one way, it perhaps maybe gives the department some flexibility as it looks to bring people in, but in another case I would say that it might subject the department to some pressures that would not otherwise be there. So I'm going to ask you to consider, if you would, looking at that title or that function and possibly considering reclassing it to a competitive position with the minimal number of qualifications associated with it, particularly as we do for our caseworkers where we seek them to be bilingual or Spanish •speaking and other areas where we have personnel that are routinely engaged with, you know, people coming to us for some type of assistance.

**(\*Legislator Browning entered the meeting at 12:46 PM\*)**

**COMMISSIONER HARPER:**

Okay, that I would have to certainly get back to you to see what the process



is. I'm not familiar with exactly how we would go about doing that, but we can investigate that.

**LEG. KENNEDY:**

Thank you, I appreciate it. And you were going to speak at least a little bit about our West Nile.

**COMMISSIONER HARPER:**

Yes. In terms of the West Nile Virus situation, as you may be aware, I guess since 1999 on an annual basis we are analyzing or reviewing our mosquito populations to determine whether, in fact, they are infected with the West Nile Virus. Again this year we did find that there were mosquito pools that were available. We did find that, in fact, there were mosquitoes pools that were available that were positive for the West Nile Virus. This results in my requesting from the State Health Department or declaring a public health threat which is then confirmed by the State Health Commissioner that, in fact, we do have a major issue as it pertains to the West Nile Virus. We are not aware really of any actual cases. Your sort of suggested that there was a human case; we haven't actually found any human cases of West Nile Virus but we have, in fact, found mosquito pools that were positive for the virus.

**LEG. KENNEDY:**

It's undetermined at this point. As a matter of fact, there was contact from a constituent who had a relative who was visiting, I guess, two weeks ago who lives in Jersey and we're still trying to determine whether or not, in fact, she contracted it and it's a confirmed case. If I get any information to that affect I'll relate it to you.

**COMMISSIONER HARPER:**

Oh, certainly.

**LEG. KENNEDY:**

I know we had ground-based spraying in the area Tuesday evening and I'm told that the department is contemplating aerial spraying?

**COMMISSIONER HARPER:**

That is correct.

**LEG. KENNEDY:**

You'll let me know or we'll have some kind of criteria before hand?

**COMMISSIONER HARPER:**

Absolutely.

**LEG. KENNEDY:**

The other thing we need to do is we have to do a better job as far as the publication and the notice before hand. I saw the article in Newsday on Tuesday, but I can tell you for a fact nobody in town government knew about this issue, nobody in State government knew about this issue. I did spend quite a bit of time reaching out to those levels and also civic leaders in the community for the purposes of some notification as well.

Perhaps you may want to consider something as far as some public service announcements on some of the radio stations or something like that, if that's a possibility, just so people are aware. You know, there just tends to be sometimes concerns and questions. One person's question was does it impact our pets, another person's question was can it migrate through the filters in the air•conditioners. I don't not know a whole lot about scurge, Doctor, but I encourage them to keep their pets in and suspect that the air •conditioner filters would work.

**COMMISSIONER HARPER:**

Let me, again, maybe in my following presentation I can give you a list of all of the contacts that we make prior to spraying and perhaps we should also have a representative from the Department of Public Works who is also involved with that. But it's a fairly large list of people who are informed, but we'll certainly make sure that you're aware of that list, as well as, if need be, we can always expand the list to include whoever is recommended.

**LEG. KENNEDY:**

I'd love to see that. Perhaps, yes, we could have some dialogue on that. Thank you.

**CHAIRMAN MYSTAL:**

Legislator Stern?

**LEG. STERN:**

Thank you, Mr. Chairman. Dr. Harper, good to see you.

**COMMISSIONER HARPER:**

Good afternoon.

**LEG. STERN:**

Doctor, as you know, last session, maybe the session before that, this Legislature approved a resolution that I had introduced along with Legislator Eddington to mandate that vaccinations used at County health care facilities be those vaccinations that are mercury•free, that don't contain the preservative Thimerosal, and that was approved by this Legislature and the County Executive. So I guess I wanted to ask you what plans, if any, the department had in going forward and making that a reality and perhaps some of the challenges that you might be facing along the way.

**COMMISSIONER HARPER:**

Oh, yes, we are certainly following up on the legislation. In fact, we have reviewed the immunization schedules; as a result of this change, it may require that there are certain pediatric immunizations that we will now have to repeat three times. We've essentially had to look at all of the vaccines that we provide to determine which have Thimerosal and which do not, and if we want to pursue only those that are free, then that means that we cannot use some of the combination vaccines that are available such that when a pediatric patient comes to our health center we can give them one vaccine and avoid them having to come back on multiple occasions. So in fact, we are looking at that and we were very clear that it will require that patients will have to come back more often. In addition, there may be an additional expense because we are going to have to purchase more vaccines, but certainly our Patient Care Services Division is looking at that very closely and we plan on implementing the program as required by law.

**LEG. STERN:**

Very good. Thank you.

**CHAIRMAN MYSTAL:**

Dr. Harper, just piggybacking on that question, I've gotten some phone calls from health nurses who work in our clinics and the information I'm getting is that because of that law that we passed, they wanted me to see if I could do something to repeal it, they were telling me that some children will have to get six, seven shots instead of one that they would give them because of this policy. You know, is that ••

**COMMISSIONER HARPER:**

It may not be that many, but certainly they will have to have more vaccines than they're currently having with the combination, that's what I was sort of suggesting. There are certain combinations which were done on purpose so that we can prevent having to inject a child more than once and we may not be able to do that in accordance with the law. The other big concern would be to make sure that we have the available vaccine to follow through with the law. But nonetheless, we're planning to do it as the legislation requires.

**CHAIRMAN MYSTAL:**

My concern, my concern is that, you know, if the parents have to come in more than once, and I'm talking about, you know, some economic based culture in this world, that they may not come back, you know, they may come once with the child and then they have to come back three or four times and not •• and they don't want to do that, they'll forget or they don't have the time or they'll just say, "Well, the child had one so that should be enough."

**COMMISSIONER HARPER:**

No, that's a legitimate concern. Every time you have to bring someone back to a health center there's the possibility that for whatever reason, whether it's financial as you suggested or whether they •• for whatever reason they can't get to the health center, it's going to create logistical problems for the health center itself because now we have to follow•up to make sure that they do, in fact, receive their vaccines. That's why the ideal situation, and that's the way the research is going, is to really combine vaccines so that you can bring a person in once and give them one vaccine and cover all of the necessary illnesses.

**CHAIRMAN MYSTAL:**

I'm not, you know, in favor of repealing that law and I'm all for having no mercury in our vaccine, but I have the larger concern in terms of a group of people falling off, you know, if you can think of a bell curve. They trail off and they don't show up and now we have a bigger problem than we had before because of the new policy.

**COMMISSIONER HARPER:**

No, it's going to be an issue, I mean ••

**CHAIRMAN MYSTAL:**

Are you going to try to find some way to at least increase the outreach and the follow•up?

**COMMISSIONER HARPER:**

Well, we'll have to do that by default. Remember, with every patient that comes in on a medical record, we have a schedule of the immunizations that are required, so we do constantly follow and monitor that schedule. And if, in fact, people haven't come in for their vaccines, that's going to require more calls and outreach, as you suggested, to contact the family to bring the individual back to be vaccinated. So we'll have those sorts of implications and we're looking at some of those details right now. Bear in mind that our department was commended on the work that we do in terms of providing immunizations to our patient population.

**CHAIRMAN MYSTAL:**

Yes.

**COMMISSIONER HARPER:**

And it's going to be a change for us, it's going to be a challenge.

**CHAIRMAN MYSTAL:**

One last question and then I'll pass it to Legislator Romaine. What is the status of the conference on health on the minority community?

**COMMISSIONER HARPER:**

## The Minority Health Conference?

**CHAIRMAN MYSTAL:**

Yeah.

**COMMISSIONER HARPER:**

Yes, we're certainly moving forward with that. Just so that the committee is aware, we are planning a conference working in conjunction with the EOC of Suffolk County on October the 18th or 19th in which we will have not only speakers discuss this issue, we have invited the former Surgeon General, hopefully he'll be able to attend the conference and present. But we also will have model program, as I suggested in the past, programs that have been found to be effective throughout the country that we're going to hope to replicate here in Suffolk County which have been shown to decrease some of the health disparities. And that's ultimately our goal, we're going to look at a variety of diseases to see what we can do here in and really make some changes in some of the data that we collect on a routine basis.

**CHAIRMAN MYSTAL:**

Thank you very much. Legislator Romaine.

**LEG. ROMAINE:**

Yes, some quick questions. Doctor, I know we have numerous correspondence and you were kind enough to call me on some of these issues, so I'm just going to go through this. But before I did, I want to mention that your staff has been lately enriched, and the County Executive's staff lately depleted, by the addition of Allen Kovesdy from the Budget Office and now with the new Health Department. I've worked with Allen for many, many years and I think he'll be an asset to the Health Department. So congratulations on getting him on board.

**COMMISSIONER HARPER:**

Thank you.

**LEG. ROMAINE:**

Now let me go right to the questions that my previous multiple



correspondences have raised. One is about the mammography van; when do you think the mammography van will be able to visit Shelter Island or any place on the north fork?

**COMMISSIONER HARPER:**

We expect that that should take place before the year is out. I did directly •• I did give a direction to the Patient Care Services staff that we need to get it out in that facility.

**LEG. ROMAINE:**

And I'm sure you'll respond to some of my correspondence on that with the dates that they will be available ••

**COMMISSIONER HARPER:**

Absolutely.

**LEG. ROMAINE:**

•• so I can alert my constituents to that.

**COMMISSIONER HARPER:**

That's correct.

**LEG. ROMAINE:**

The next question is although I wrote correspondence asking for the Health Department to do a survey in terms of Crab Creek, eventually I had to resort to passing a resolution which this body was kind enough to pass and the County Executive I assume either signed it or didn't sign it, it became law in any event. But now you're under a direction of the Legislature and the Executive to do the study for Crab Creek in terms of for dredging for health purposes; has that study initiated, has it begun yet?

**COMMISSIONER HARPER:**

Let me ask my division director, I don't believe it has, but let me see if my division director can respond to that.

**LEG. ROMAINE:**

Hello, Vito.

**MR. MINEI:**

Good afternoon. Vito Minei, Director of Environmental Quality.

Yes, Scott Campbell from the Public Health Division and Dominick Ninivaggi from Vector Control did do at least an initial survey in response to your request and we're planning to do some follow-up work from the Marine Resources Bureau.

**LEG. ROMAINE:**

Great. And we'll see some type of report on that in the near future?

**MR. MINEI:**

Yeah, there obviously will be a recommendation to the Commissioner's office in accordance with the protocol with the Dredge Screening Committee.

**LEG. ROMAINE:**

Thank you very much.

And my last question deals with Public Health Nurses. As you know, I think there are three in the field for the entire five east end towns, and I say that loosely because there are none assigned currently to make any visits on Shelter Island. I know I wrote to the County Executive and copied you in correspondence that was drafted in consultation with members of the Shelter Island community. Is there any plan to provide the visits of Public Health Nurses to Shelter Island in the near future?

**COMMISSIONER HARPER:**

Right now we have a consultant on board who is reviewing our entire Public Health Nursing unit, and upon recommendations from the consulting and review by myself and obviously the County Executive's Office, we will be making appropriate changes. My expectation is that yes, as a result of the changes, I'm looking to, in fact, have more nurses available out in the field.

Part of the problem from my perspective, and maybe I'm jumping the gun a bit without reviewing this more closely with the consultant, is that I believe we need to have some of the nurses who are serving in more of an administrative capacity actually see patients in the community, and those

are some of the changes that I'm trying to implement, working with the consultant. But the expectation would be that ••

**LEG. ROMAINE:**

I'm particularly interested in Shelter Island because they receive no service at this time. So when that report is ready, I would appreciate receiving a copy of it as well as your recommendations.

**COMMISSIONER HARPER:**

Absolutely.

**LEG. ROMAINE:**

Thank you very much, Commissioner.

**COMMISSIONER HARPER:**

You're welcome.

**CHAIRMAN MYSTAL:**

Legislator Kennedy.

**LEG. KENNEDY:**

This dovetails on Mr. Romaine and I promise I'll make it very quick.

**LEG. EDDINGTON:**

Brief?

**LEG. KENNEDY:**

Real brief, Jack. I equally share concerns associated with Public Health Nursing. I understand that you have a consultant on board, I've had the opportunity to see some of his qualifications, I think the jury is still out on how well he can advise us. Nevertheless, I'm one who can always benefit from advice and also your response to his advice as well. And I wholeheartedly agree with you that we need working supervisors.

If it is your finding that there are Public Health Nurses who are engaged in nothing but administrative work only, that is another area that I find absolutely distasteful and abhorrent where licensed medical individuals are

relegated to pushing paper only, it is obscene. So I look forward to seeing that and hoping that, you know, we'll get some benefit.

**COMMISSIONER HARPER:**

Thank you.

**LEG. KENNEDY:**

Thank you.

**CHAIRMAN MYSTAL:**

Legislator Eddington.

**LEG. EDDINGTON:**

Thank you. We've been talking about the general public and their health and I want to be a little bit more specific and target the jail population.

There's an ongoing mold issue there, remediation issue, and as Chair of Public Safety, I'm very concerned, as are all my colleagues. And specifically, I know they've been doing remediation and part of the process has been power washing, and my concern is about the airborne particles and I'd like to have you check that out. Because I know that inmates are doing some of it for what we understand that they can be responsible for, but I'm concerned about as they're doing the remediation what's happening.

The other thing is that there's a study now or a test being done about mold that was found in the control room in the jail, on the ceiling tiles. I've been in contact with your office a number of times and they basically have told me the reason we haven't gotten the results is because no one has ever really tested ceiling tiles for fecal matter and things. However, my concern is this is time sensitive, we have Correction Officers working right there, we have inmates living there.

So I would like you to go back and try to push this forward so that, one, the Health Committee is aware, the Public Safety Committee is aware and the correctional association is aware so that their concern for their members, and certainly the Sheriff because of the jail population, and I know you'll be telling the County Executive, so.

But I would like to have all of us in the loop and I would like the loop to move a little quicker.

**COMMISSIONER HARPER:**

Absolutely.

**LEG. EDDINGTON:**

Thank you very much.

**COMMISSIONER HARPER:**

You're welcome.

**CHAIRMAN MYSTAL:**

Legislator Stern, you wanted to ask a question about •• you wanted to ask a question?

**LEG. STERN:**

No, no, I'm good.

**CHAIRMAN MYSTAL:**

Okay. Commissioner, thank you very much for showing up and talking to us. Please do me a favor, remain in the room for a few minutes because we have a group coming up right after you from Shelter Island and the group is very concerned about the health of the people there. So thank you very much and we will talk to you later.

**COMMISSIONER HARPER:**

Absolutely.

**CHAIRMAN MYSTAL:**

I also want to make the audience and my colleagues aware that Commissioner DeMarzo is here. I know she doesn't want to come up and make any presentation, I know that she doesn't want any questions. So Janet, we're going to let you slide by today.

**LEG. ALDEN:**

Why? There's no free pass.

**CHAIRMAN MYSTAL:**

Because she looks better than you, how's that? I would like to call all the members in. I'm going to let Legislator Romaine do the honor. Go ahead, Legislator Romaine.

**LEG. ROMAINE:**

Yes, we're honored today because of a problem that has been enveloping the east end, East Hampton, many of the east end towns, but in particular Shelter Island, and this is the tick problem, the deer tick, the Lone Star Tick, the Dog Tick. The tick problem is so prevalent. I know this is a County where we're spending \$3 million a year on Vector Control in terms of controlling mosquitos, but last year we had less than a handful of people infected with West Nile and none of them were fatal. But if you take a look at it, between 1997 and 2005 we've had 5,377 reported cases of Lyme's Disease. In fact, the reported number of Lyme's Disease in Suffolk doubled from 2003 to 2004, so the problem grows every single day.

And that's why today we have the Supervisor of Shelter Island, Al Kilb. And this is a travel, believe me, it takes about an hour•and•a•half to get here. Supervisor, why don't you come up here. And with him, every single member of the Shelter Island Town Board who has taken this trip to address this problem, so I would ask the other town board members to come up as well, if you'd sit at the table. And after they speak, we also have the Deer & Tick Committee of Shelter Island •• if you just would raise your hands because you'll be coming up next to speak •• to address this serious, serious problem. And I don't want to use the term epidemic proportions, but I will say that tick problems are prevalent throughout Shelter Island and the east end and are growing at an extremely fast rate, making me worry about the number of infections. As I said, Lyme's Disease doubled in Suffolk from 2003 to 2004. And while you have examples that on the west end, this is just not confined to the east end, it is most prevalent, however, on the east end.

Supervisor, I'll turn this back to the Chairman and he'll allow you to speak and then let each of the town board members say a few words.



**CHAIRMAN MYSTAL:**

Supervisor Kilb, the floor is yours.

**SUPERVISOR KILB:**

Thank you. On behalf of the Town Board and the Deer & Tick Advisory Committee and all the people of Shelter Island, I wish to thank the Legislative committee for this opportunity to speak here today.

I'm here to ask for your help in a matter that the residents of Shelter Island consider a health emergency; for lack of better words or word, we feel it's a crisis situation. Our community is inundated with large numbers of ticks of different species, the Dog Tick, the Black Legged Tick or Deer Tick and the new tick, the Lone Star Tick. These ticks carry numerous diseases; Lyme's Disease, two types of { alickie} , Rocky Mountain Spotted Fever, Babiosis, {Tularemia} and a disease that mimics or is similar to Lyme's Disease, and possibly others.

The Town of Shelter Island has planned to address this issue in an aggressive reduction of its deer herd, along with a parallel course of seeking permission from the New York State Department of Environmental Conservation to allow us to use a pesticide and a pesticide applicator commonly called the Four Poster. The Four Poster would apply a pesticide to the deer and eventually kill the tick which would then break the life cycle of the tick and prevent it from laying its eggs for the following year.

It is our understanding that the County, at the present time, has the facilities and personnel in place to assist the town in a portion of this effort. To be more specific, in order to understand and evaluate the results of our effort to control/eliminate the tick, we need a base line evaluation of the existing tick population and ongoing surveillance and monitoring of that population after the tick is exposed to the reduction of the deer herd and/or the application of the pesticide. At present, the Vector Control •• excuse me. At present, the Department of Health has on staff a resident of Shelter Island,

Dr. Scott Campbell, who is thoroughly knowledgeable and qualified in this area and has been involved in tick studies previously. He original came to Long Island to do a tick study on Shelter Island and eventually, when his

funding ran out, became a member of the Suffolk County Department of Health. We feel that he would be a perfect match to conduct •• in conducting this study in cooperation with the Department of Health.

We need this study implemented almost immediately. The ticks have been •  
• the new ticks have been born in the spring, they have started to evolve into their second stage and their adult stage will take place later on this fall. We need that study conducted now so that when we start our program aggressively in October we can see how it •• what the effects are. The Four Poster is an ongoing •• is an ongoing effort between the town, the town's Tick Committee which has been assigned and given the task of getting this Four Poster certified in New York State. That certification is going to require a lot of technical data and information and record keeping. We feel that this base line of tick population and ongoing surveillance of the tick population, including a study on the infection rate that's within the tick population, so that people that are involved in the study and DEC can use that information to calculate and come up with some reasonable conclusion.

Additionally, in the future we feel as this program develops, the County may need to take a more aggressive roll in tick patrol. At present, it has a surveillance and control program for mosquitoes, but it doesn't appear that there's a surveillance or a control program for ticks. We're willing to take it on initially, but •• and do the leg work to get this thing in place, but we're going to need help, and that's what I'm here for today.

This problem isn't only a problem that's •• that is on Shelter Island, it's a problem that affects all of Suffolk. The residents and the visitors to Suffolk are definitely affected by this health risk.

The change in the type of ticks, the number of ticks and the rate that that change appears to be is a •• we feel is a major part of the problem. I'm not here to criticize or complain, I'm here to ask for help. We look forward to working with Suffolk County to address this issue which affects all the residents and visitors.

At this time, I'd like to introduce Dr. Zittick to the podium to give you a more technical reference.

**LEG. ROMAINE:**

Mr. Chairman, before we do that, if the Supervisor would be so kind as to introduce every member of the Town Board, and they may want to add a few comments.

**SUPERVISOR KILB:**

Okay. I have Councilman Peter Reich, Councilman Neal Raymond, Deputy Supervisor Mrs. Lewis and Councilman Ed Brown. Also, we have Deer Tick Committee personnel; Mrs. Shillingburg, Mrs. Messer and Dr. Zittick, and the Chairman of the Tick Committee, Rae Lapides.

**LEG. ROMAINE:**

Would any of the Councilmen like to add to the Supervisor's statement?  
Through the Chair,

**UNIDENTIFIED SPEAKER:**

Thank you, Mr. Chairman. I would just like to remark that this is an economic issue for Shelter Island as well as a health issue, and probably for other areas of Suffolk County that depend upon a tourism population. And additionally, Shelter Island as an Island with prescribed boundaries is the ideal place for pilot programs to study these issues and perhaps benefit many other places in Suffolk County. Thank you.

**COUNCILMAN BROWN:**

I would just like to reiterate, we need your help and we need it now. It's a serious health condition for Shelter Island. We're pretty self-sufficient, we need help big time.

**SUPERVISOR KILB:**

I just wanted to add one more thing, if I could. Ed mentioned a figure in the neighborhood of 5,000 confirmed cases of Lyme's Disease; that's minuscule to the number of bites and •• that the ticks are •• our doctor's offices, a majority of the patients are people with tick bites. There are hundreds a week of tick bites coming in to our •• we have two doctors on Shelter Island, their offices, they're there all day long with people with pieces of scotch tape and ticks and it goes on all day long and it goes on all year long. It's not just now, you know, it's through the different cycles, it backs off but then it

explodes. And that figure is very misleading, it's a much bigger crisis than you can imagine. You can't •• you know, I don't care who it is, what type of life•style they have, they're being bitten by ticks. And as far as I understand, the rate of infection is extremely high and the number of types of disease is very diverse. Thank you.

**CHAIRMAN MYSTAL:**

Thank you.

**COUNCILMAN REICH:**

I just want to add, you know, one other thing. It really is getting critical and people think ticks, you only get them in the woods; a lot of the residents never walk anywhere near the woods. The actual Lone Star Tick jumps out of the grass and stuff on people, so you can just be on a manicured lawn and pick up ticks which a lot of people don't realize and that's why, you know, it's so important to put an end to them. Thank you.

**SUPERVISOR KILB:**

Additionally, the Lone Star Tick, the doctors are seeing a 6•1 increase. Their bites are 6•1 of the black legged tick and they're growing at an alarming rate. I'm going to turn it over to Dr. Zittick at this point.

**CHAIRMAN MYSTAL:**

Just before you ••

**SUPERVISOR KILB:**

Oh, sorry.

**CHAIRMAN MYSTAL:**

Dr. Zittick, please walk up to the podium.

**COUNCILMAN RAYMOND:**

I would just like to thank Legislator Romaine for taking the ball on this and getting it rolling. And I would encourage the Health Department to get involved in this because, like Peter said and like the others said, it is a serious health thing.

**LEG. ROMAINE:**

You know, I want to thank you for that. My colleague will be dealing with this issue because I will be introducing a resolution that I will draft with Counsel to amend both either the Operating and/or the Capital Budget to allow the County Health Department the funding it needs on an almost instantaneous basis to begin the study that is so necessary and to help fund part of the Four Poster System.

A Four Poster system is a feeding system in which a deer has to put his head in which there's a pesticide applied to rollers that then •• it's like almost having a collar on the dog where it will kick the tick and a deer can have up to a thousand ticks that they will carry in any given year and they are the major carriers, rabids and other mammal, smaller mammals also carry it. But thank you and we will have a bill before us, it will be laid on the table on August 22nd and hopefully voted out by this committee and voted on on September 19th that will fund •• that will provide County funding for a system to deal.

Because he funded studies and eradication programs for mosquitoes and ticks present a far greater health challenge in some ways than do mosquitos on a comparatively level and there isn't funding for that as of yet and this study sounds like something that could benefit every resident of Suffolk County. Thank you. And I'll turn it back to the Chairman.

**CHAIRMAN MYSTAL:**

Before I would listen to Dr. Zittick, I just want to put a couple of words of caution. I admire the zeal and the fervor of Legislator Romaine and, you know, I admire his concern, but I don't want you to take what he says at face value because this is •• he's going to put the bill in, it's going to be discussed, it's going to be voted on, it has to get ten vote, it has to be signed by the County Executive. So there is a process, you know, and hopefully you guys will come back when the bill is in to talk about it, but I just want to make sure that you understand the process. There are some pitfalls because we're going to have to find where the money is coming from, we are late in the budget year, most of the money has been accounted for as to what we're going to spend in the County and I'm sure the

Supervisor and the Council people understand that, you make your budget at the beginning of the year and so the money is going to have to be found somewhere. I'm sure Legislator Romaine will come up with an offset for that money ••

**LEG. ROMAINE:**

We have offsets.

**CHAIRMAN MYSTAL:**

•• and deal with it. I'm sure you do, whether or not the offset is going to hold up is a different story. And I just want to make sure that the members of the town board and Shelter Island understand that there is a process, you know, it's not automatic and we just hope we'll do that.

**COUNCILMAN RAYMOND:**

We have the same process, just on a smaller scale.

**CHAIRMAN MYSTAL:**

I know, I understand that.

**SUPERVISOR KILB:**

One thing additional.

**CHAIRMAN MYSTAL:**

If you have to speak, you have to get to the microphone, we have to record what you say, we don't want to misquote you.

**SUPERVISOR KILB:**

Not like our hometown paper.

**CHAIRMAN MYSTAL:**

Like everybody else does.

**SUPERVISOR KILB:**

Additionally. The Town of Shelter Island is more than willing to work with the County in any way it possibly can to aid the County in this effort to do this tick surveillance and a possibility of volunteers or people, even if we



have to pay them, to help the County at the local level to collect ticks or collect data. We'd be glad to go to school, we'd be glad for any input we can have and we're willing to participate to reduce costs so that we're not stressing the County's budget.

**CHAIRMAN MYSTAL:**

I'm very sure you will hear from the County and that's why I asked the Commissioner of Health to remain so he can hear what you have to say, because it's going to fall in his lap no matter what we do. So that's why I asked him to stay and we will try.

**SUPERVISOR KILB:**

Thank you.

**CHAIRMAN MYSTAL:**

Dr. Zittic? Doc?

**DR. ZITTICK:**

Excuse me just a second.

**CHAIRMAN MYSTAL:**

No problem.

**DR. ZITTICK:**

Thank you, Chairman Mystal, Mr. Kilb, Members of the Town Board and fellow Deer & Tick Committee members. I would like to say that from the ••

**CHAIRMAN MYSTAL:**

Doctor, you can sit instead of fooling around with that microphone, you know, you can sit down and talk to us. It might be better.

**DR. ZITTICK:**

Well, this is all right, I can do it.

**CHAIRMAN MYSTAL:**

You can do it? Okay.

**DR. ZITTICK:**

In fact, I don't think I want to sit, I got into a whole bunch of lone start tick larvae the other day, so, and they got in the wrong place, so maybe it's better I stand today. And that's no fun either, they itch like mad.

I wanted to say that from the outset this has been a very citizen•driven effort. And the citizens of Shelter Island, I could have had a hundred people easily down here today to back us up on this. We have people that speak to us all the time, "When are we going to get going on this? When are we going get going on this?" This is, as you have been told before and mentioned many times, this is a tick•borne disease problem. Over the years from the 1970's we had the Dog Tick, in the 1980's we had the Deer Tick who has come up, and now out of the southeast comes the Lone Star Tick, that aggressive tick that will run after you as much as up to 30 feet to get after you to get a meal. So •• and it is not only the ticks themselves but it's the diseases they carry that we have to deal with. And again, these have been mentioned, Lyme Disease.

Shelter Island alone, if you look up •• and people can do this on the Net, get out the rates of selected notifiable diseases by township. Now, this has to be done on a per hundred thousand level population in order to equalize this with the rest of the towns, but if you read, the Town of East Hampton, the Town of Riverhead, the Town of Southampton, Town of Southold all have very high numbers compared to the rest of the towns. And Shelter Island has 1,032 per hundred thousand cases of Lyme Disease a year; we don't have that many people on Shelter Island, a hundred thousand, that's why I said that this has to be looked at in that. But that shows that we are dealing not only with that but with {ehrlichiosis}, the two types of {ehrlichiosis}, {babesiosis} and now the starry, the disease that is similar to Lyme Disease but comes through the bite of the Lone Star Tick.

Now, the reason we have these is that our deer population shot way up. And we got looking at these things and the committee, headed by our Chairman Rae Lapides who has been working extremely hard to keep us all • • keep our noses to the grind stone on all of this, looked at many aspects and we have done everything from education, we produced brochures; and Rae, would you like to pass some of those out to the members of the

committee? If that's permissible.

**LEG. ROMAINE:**

Yes.

**CHAIRMAN MYSTAL:**

Yes.

**DR. ZITTICK:**

We have done brochures, we've done articles in the newspaper, we have made a tick book which outlines almost everything you need to know about ticks in one place. We did an aerial survey of the deer; at the time we came up with a figure of about 570 deer on the Island, that's almost 55 deer per square mile since Shelter Island is 11.3 square miles. The normal carrying capacity for deer is 20 deer per square mile, we have 55. So the town got going on this, they appointed a committee and they have been reducing the deer population through hunting and this has been a very great help, obviously, if you reduce the number of deer. But we cannot reduce the deer down to nothing, nor do we wish to do this.

So we have come across a system in our travels through this problem and it is called the Four Poster System. It was developed by United States Department of Agriculture scientists down in Texas and it has been proven in 47 of the 48 states to be very effective in killing both the adult Deer Tick and Lone Star Tick. The figures are quoted as high as 96%, 90 to 96% of the ticks. Now, if we can use an apparatus like this, which as Legislator Romaine briefly outlined, a deer walks up to this unit, there are four rollers on it that look like paint rollers that you would use on your rules and these rollers are impregnated with Permethrin. When the deer reaches down into a small little tray, it gets a few kernels of corn and while it does this, it is painted with this Permethrin. About a milliliter of Permethrin, a 10% oily solution, compare this to 300 lawns being sprayed with Permethrin on Shelter Island, broadcast spraying, and that's a low number probably because other people heard about this being done and they're having it done to kill the ticks. It's a much safer way of using Permethrin which, by the way, did come in to question in its safety.

Permethrin, we have talked to pathologists, toxicologists all over the United States, people who deal with the animals that have been tested with Permethrin products and who have been given Permethrin prior to •• 24 hours prior to slaughter and then accepted for human consumption, that this is a very safe thing. But in order to satisfy the citizens of Shelter Island, we went out and did a •• at the behest of the Town Board, we did an experiment where six deer were taken and tissues were taken from these deer and submitted to the Department of Environmental Conservation for Chronic Wasting Disease examination and so far none of that has come back, and then also to the Animal Health Diagnostic Laboratory at Cornell University which only four of those specimens have come back yet, it takes a while to do this, but all four of those were negative for Permethrin. So what does that tell us? Well, this material that has been a great concern and that has been used in broadcast spraying, which does break down very quickly in the environment by the way, has not shown up in these deer. So this is one thing that we can show the hunters when we use the Four Poster System, they have been concerned that Permethrin might be a problem.

The other thing is the DEC has been concerned about Chronic Wasting Disease. And we have more or less shown that in the number of deer that we have tested on an Island, surrounded by water, that there is •• there has been no cases, there is no evidence of Chronic Wasting Disease.

So where we are now is we need help in procuring this system and convincing the DEC that we do have a safe system and convincing •• we need help from the Health Department to say to us, "Yes, you have a problem out there. We have the statistics right here." You know, these statistics are only reported statistics. So many of our doctors treat people without ever reporting anything like this, they're treated for a bite, there's a one•day treatment I believe if you get the tick off within 36 to 48 hours; these things are never reported. They are given anecdotally to the public and I think some of our members have even come up with this information from some of the doctors. Pat, did you have a number on that?

**MS. SHILLINGBURG:**

Yes, it was between 15 and 20% of the visits this •• during an eleven day period in July were tick•related bites.

**DR. ZITTICK:**

Yeah, and unreported because they weren't confirmed by serum analysis and so on, a Lyme Disease test.

**MS. SHILLINGBURG:**

The doctors treat them according to which kind of tick it is and what it looks like.

**DR. ZITTICK:**

I don't want to take too much of your time but I do want to tell you that we, the members of the Deer & Tick Committee, the citizens of Shelter Island, I have people who grab me by the arm and say, "Listen, get me one of those things, I want to put it in my backyard." It's proven to work but we need some backup here, we need some help to convince the DEC which is beginning to come around. We need people to help us put out the numbers from our own Health Department, to do some more tick surveillance so that we can again identify the predominant type of tick that we're dealing with so that all this information can be had made available to others.

Therefore, we come before this group, the Health and Human Services Committee, and we look to you for guidance, help. And as Supervisor Kilb said, we do a lot of this on our own, we didn't go out and ask for money to accomplish these things, we're all willing to help.

**CHAIRMAN MYSTAL:**

Thank you very much, Dr. Zittick. The next speaker is ••

**DR. ZITTICK:**

Rae.

**CHAIRMAN MYSTAL:**

•• Rae Lapides, yes.

**MS. LAPIDES:**

I just wanted to go over ••

**CHAIRMAN MYSTAL:**

You have to use the microphone, or you can go to the podium or you can sit right there.

**MS. LAPIDES:**

I just wanted to go over costs of the Four Poster System. I passed out a summary to you all and the cost, we figured that Shelter Island would need between 80 to 100 Four Posters in order to reduce our ticks by 95 to 98% or 99%. Each Four Poster is put out and covers a 50 to 100 acre area, depending on the density of deer in that area. If we use the figure 80 units, each unit cost \$425, it is manufactured by CR Daniels. So for Shelter Island, if we bought 80 units, it would cost us \$34,000 for the initial purchase, and then each year we would have corn, tickicide which is the Permethrin and the rollers which go on the four corners and is what makes it a four poster, and that cost is \$560 per unit, per year.

This is what a Four Poster looks like; can you all see that? There are these four rollers and that's why it's called a Four Poster.

**CHAIRMAN MYSTAL:**

So basically you're talking about a thousand ••

**MS. LAPIDES:**

Oh, I'm not done yet.

**CHAIRMAN MYSTAL:**

Oh, okay.

**MS. LAPIDES:**

And then you have labor and in order to use •• put Permethrin in to the Four Poster each week, you need a licensed pesticide person. So figuring all of their benefits and their expenses, you're looking at probably \$83,000 a year, or 83,200, so the total first year expenditure would be \$162,000. And then with the Four Poster, the CDC put a label on it or •• yeah, the CDC that it should be used for a minimum of three years in order to go through the life cycles of the ticks, and at the end of three years you have eliminated 95 to 99.5% of the ticks. But that means that you keep going with this cost. The



second, third and fourth year, if you need a fourth year, would be \$128,000 a year. After the fourth year, when you have knocked the ticks down to a very small amount, you need to use the Four Poster approximately every other year and that is because migrating birds bring in additional ticks and can start the ticks growing all over again, so you need to keep the ticks down at that level. So that's just giving you an idea of those costs.

Dr. Matt Pound and Dr. Allen Miller from the USDA invented this. They initially invented the Four Poster because there was a disease coming up from Mexico and they needed to stop it at the border or it would ruin our cattle industry, and that's how they designed the Four Poster. They just gave us, let's see, I'm trying to give you some pictures. It's very simple, these units are serviced approximately once a week depending on the density of deer, and if there's a high density of deer in the area of the Four Poster, then we need to either add a second Four Poster to the area or service it more often.

And one of the things I wanted to show you, Dr. Zittick talked about the toxicity of Permethrin and Dr. Pound gave us a relative toxicity chart which shows that if you had a hundred rats and you fed a hundred rats 200 milligrams of aspirin, 50 of them would die. If you had a hundred rats and you fed them 5,050 milligrams of Permethrin, 50 would die. But you certainly need a lot more Permethrin than you do your simple aspirin to kill 50% of the ticks, and Permethrin is way, way down on the list on toxicity.

**CHAIRMAN MYSTAL:**

Thank you very much. I really appreciate you coming. The Commissioner heard what you have to say and we heard what your requests and we will •• I'm sure Legislator Romaine will definitely be in touch with you.

**LEG. ROMAINE:**

Yes, I will be.

**CHAIRMAN MYSTAL:**

We have been at this •• the Commissioner wants to say something. Could you please come up? Gentlemen, you can go back to your seat, thank you very much, to the board. Thank you.

**LEG. KENNEDY:**

I just want to ask him about the cost. I heard, I was in the conference room.

**CHAIRMAN MYSTAL:**

The cost is about \$163,000 a year.

**LEG. KENNEDY:**

They were talking about hiring a full•time person, but don't we have someone from the Health Department?

**CHAIRMAN MYSTAL:**

No, no, no, they're talking about the cost of these things.

**LEG. KENNEDY:**

Oh, okay.

**CHAIRMAN MYSTAL:**

That's \$163,000 to buy them, maintain them and feed them.

**LEG. KENNEDY:**

Okay.

**COMMISSIONER HARPER:**

Thank you again for the opportunity to speak. I would like to first start off with thanking the Deer and Tick Committee for the work that they have done in terms of addressing this issue. They have taken on an issue which is a major public health problem. I've heard analogies made between mosquitos and ticks and let me share with you two issues regarding that.

The first issue is the fact that certainly at the Health Department we're really in the business of prevention, so when you say that we've only had a few cases of West Nile Virus, that's because we're doing what we should do to keep those cases down, so I think that's very important. I hate to pit one disease versus another, but certainly the issue of ticks is a completely distinct category. And part of it, if you see the brochure that was shared

with you, is based on the fact that the life cycle of a tick, there's some unique differences between mosquitoes and ticks. For example, when a mosquito lays its eggs, it's laid in the water and it gives really their natural predators that can potentially eat the larvae and there's some ways that the mosquito problem can be addressed which is different to the tick population.

When the ticks lay their eggs, they tend to be on the ground, they tend to be in crevices, so it's much more difficult to treat them with pesticides as it is when it comes to mosquitos.

Additionally, they go through additional stages of growth where you have the nimp stage where they're also attacking or obtaining their meals from a variety of other animals such as mice and raccoons and you name it. So they attack a number of different species. So it's important that we acknowledge that ticks are a problem, and this is nationwide, there's really been no proven adequate system that can eradicate ticks to any major extent. But the Four Poster system that was recommended seems to be going in the right direction.

The problem from the Health Department's perspective is that we really don't have the regulatory authority regarding the use of Permethrin or the Four Poster system as it was indicated, that's really under the purview of the New York State DEC. However, I will share with you that we did send a letter in support of this issue to the New York State Department of Health which is who we really work closely with, and this was to the Director of the Arthropod•Borne Disease Program where I very clearly indicate that, "It has come to my attention that the Four Poster System is approved in several other states but not in New York State. The Four Poster system reportedly may contribute to the reduction of the adult tick population and may likely reduce subsequent tick generations. It is my understanding that the New York State Department of Health is currently considering a pilot program using this new system. Please accept this letter as a formal request that you consider implementation of a case•controlled study of the system here in Suffolk County." And I go on to say that the area most appropriate for this study would be Shelter Island which is a confined land mass with a significant deer population, and many members of the local community of Shelter Island have reviewed this innovative system and I suspect that there will be strong support of this controlled investigation.

So I think we may, in fact, have an opportunity to work in conjunction with the State to convince them to do this sort of a pilot program which I believe will have more influence in terms of the DEC in changing their perspective or their position on this particular program.

I did also have an opportunity to discuss this issue with Chairperson Lapidés and they're essentially looking for support from the Health Department in convincing the DEC. So we're going to •• I've asked my staff to really review this issue and my expectation is that we will be able to support Shelter Island in their efforts to convince the DEC to at least investigate this system and to use Shelter Island.

**CHAIRMAN MYSTAL:**

Are you saying at this point, right now the Four Poster System has not been approved and that before •• we would need approval from the State before we could use it down here?

**COMMISSIONER HARPER:**

That's •• we need approval from the DEC, New York State DEC to use it ••

**CHAIRMAN MYSTAL:**

The State DEC or ••

**COMMISSIONER HARPER:**

State DEC, there's the State DEC, that's right. And I think that's what was suggested by the former presenters.

**CHAIRMAN MYSTAL:**

Okay, thank you. Legislator Romaine, Legislator Kennedy.

**LEG. ROMAINE:**

I believe the Four Poster System has been approved for 47 of the 48 lowest states in the United States as I speak. I also believe that there is a State pilot program that would look for four locations in the State. So in addition to convincing the DEC, Commissioner, I want to commend you for your letter, I want to commend your for your efforts, but I also think it would be

important to emphasize, as you have and I'm sure will, that the Four Poster System Pilot Program, that one of the pilot programs in New York State needs to be Shelter Island and that you work •• and I'm sure we will work together very closely on this, to determine who's going to fund what. Is the State going to •• State Health Department going to put in funding, is the County Health Department going to put in funding? In which case, I will work with you, as I said, I have that resolution that will be submitted, laid on the table on the 22nd of August and hopefully before the full Legislature by the 19th, and of course before this committee, where we can talk about suitable offsets. We have a number of offsets that we can suggest and I'm speaking with all of my colleagues to make sure we can gather the ten votes that the Chairman has so wisely suggested I do, which I will do. But we need to be a pilot program, we need to get this under way. The study is going to start in October, I just want to make sure the funding is there from both the State and the County. The town has already offered cooperation, but it's a very small town to ask to carry such a large burden that poses such a dramatically health impact, not only to the Island itself but to all of eastern Suffolk and Suffolk County as a whole. Thank you.

**CHAIRMAN MYSTAL:**

Thank you, Ed. Legislator Kennedy, briefly.

**LEG. KENNEDY:**

Very briefly. Doctor, I guess what I would ask you is I understand your statement that this may not necessarily be directly within the purview of the County, but again, for want of a lousy analogy I'll go back to mosquitoes. We operate our spraying program right now under emergency declaration, don't we? It is an annual emergency declaration associated with a public health threat. Based on what's been presented to us here, to me this seems to be an imminent public health threat. Don't we have the ability to go ahead and to declare and invoke our authority under the local code, local health code?

**COMMISSIONER HARPER:**

We're investigating that as we speak. The difference, as I mentioned, with the mosquitoes is that we have an established way of addressing a mosquito problem. So when we declare a public health threat, what that does is that

it authorizes me as a department to potentially spray in areas that are under control by the DEC that normally we would not be allowed to spray in those particular areas, and that's because this technique of addressing the West Nile Virus is approved and acknowledged by the State Health Commissioner. So given that there's this concern at the State level as to whether or not we can move forward with this, that's where the problem lies is that it's ••

**LEG. KENNEDY:**

Doctor, listen ••

**COMMISSIONER HARPER:**

I don't want to belabor it.

**LEG. KENNEDY:**

•• I don't mean to go ahead and quibble administratively or query to that effect. I guess what I'm going to ask you is please don't rely on the authorization process going up because it's little comfort to somebody sitting in a hospital room with penicillin running into them who is, you know, the victim of these maladies and these illnesses. Lyme's Disease is devastating, as you know, and people don't want to hear that there's not a level of authority at a particular level of government. That's all.

**CHAIRMAN MYSTAL:**

Thank you, Legislator Kennedy. Legislator Eddington.

**LEG. EDDINGTON:**

Well, I will say you got my attention and I probably will be cancelling my bike trip of Shelter Island.

**UNKNOWN AUDIENCE MEMBER:**

No, don't.

**DR. ZITTICK:**

No, don't say that.

**LEG. EDDINGTON:**



Seriously, the reason I say ••

**CHAIRMAN MYSTAL:**

Be thankful for that.

**LEG. EDDINGTON:**

The reason I say that is because there is a huge economic impact, as you mentioned. If you can say this to me and that's my first reaction, this is not what we want to have happening. So I think it is an immediate thing. I thank Legislator Romaine for bringing this forward and I will be looking for every way to support this and get this going as soon as possible. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much. Thank you very much, Commissioner. We are now going to move into the public portion. I have about 14 cards of people who want to speak. I will remind you again that you have three minutes to speak to the committee and I will call you in the order that you signed your card. The first speaker is Mary Russo. Mary Russo, going once ••

**LEG. ALDEN:**

She's coming up.

**CHAIRMAN MYSTAL:**

Coming up? Are you Mary Russo?

**MS. RUSSO:**

Yes, I am.

**CHAIRMAN MYSTAL:**

Okay, to the podium.

**LEG. ALDEN:**

Or you can sit down, whichever you feel more comfortable doing.

**CHAIRMAN MYSTAL:**

Or wherever, you can sit anywhere.

**MS. RUSSO:**

Whatever is easiest for you.

**CHAIRMAN MYSTAL:**

You have three minutes to address us.

**MS. RUSSO:**

I may not even take three minutes.

**CHAIRMAN MYSTAL:**

That would be nice.

**MS. RUSSO:**

Okay. I'm here to speak very briefly about the Tobacco Cessation Program that's •• I don't even know exactly where it stands with the committee, with the County right now, but I understand they're contemplating removing the funding so that people would have to pay for this program. And I'm just here to say that my husband was a beneficiary of this program. He quit smoking two years ago, after having tried about 30 times in our 23 years of marriage, he was finally successful through the use of this program, and unfortunately, two months after he quit he was diagnosed with lung cancer; he's with us today, he's going to be the next speaker I believe.

And I just wanted to let you know that he probably would not have participated in the program if he had to pay for it. He had tried to quit many, many times before and this was short of one of those, "Oh, I'll try it, it's not going to cost me anything. If it works it works and if it doesn't it doesn't." It was so different than anything else he had undertaken, it was a very supportive program, they had several different ways they attacked this horrible addiction and he was successful. Unfortunately, he went for a physical two months later because he was feeling so great because he had just quit and they found out he had lung cancer. So he's had metastatic disease for two years now and he's still fighting and he's doing great but he would not have been able to quit if it weren't for this program. And if people have to pay for it they may not participate and I just would hate to see another family have to go through what my children and I have had to go

through for the past two years. It's just really hard.

So I would like to see people •• if we knew about this ten years ago and if it was funded ten years ago and he could have done something ten years ago, it probably would have made a huge difference in our family's life. So thank you for your consideration and that's it.

**CHAIRMAN MYSTAL:**

Thank you. George Russo.

**MR. RUSSO:**

Good afternoon. First of all, I want to tell everyone that I love my wife. I started smoking when I was 15 years old in the back of a school bus and I wanted to quit many, many times for many reasons, especially when laws started getting passed, you can smoke here, you can smoke there. As I got older I saw people dying of lung cancer, even though I wasn't going to. So I felt, hey, you know what, I've got to do something to try to quit, and like my wife said, I don't know if it was 30 times I tried to quit, but I tried to quit many, many times. I tried hypnosis, I bought patches at the local drug store, you know, they all told me that's a wonderful way to quit, except I would take the patch off in order to smoke. Only a smoker can know what a tough, tough habit this is. It consumed my life.

Anyway, your program I found out about in a local •• I think it was a Huntington Hospital flier that Suffolk County was going to have this program and it was local and it was free. I spent a lot of money on the patches, the hypnoses, you know, any other way I could quit and if I had to pay for this program like another \$500, you know, I would just be throwing my money away, okay. So I figured I had nothing to lose.

It was very local; I live in Centerport, there's a Dolan Center in Huntington so I figured that's close. There were evening times, that made it very convenient.

Through the program itself, it didn't make me feel dirty, okay. As time went on, as a smoker I became feeling I was dirty. In my sales, talking to people, just in general life, restaurants, you can imagine, okay, and you try to disguise it. Now, when I say I was a smoker, you know, it was a good two

pack, you know, New Year's Eve, I'm sure it was three packs a day. So I was a real smoker, this wasn't, you know, five cigarettes every three days. No matter what I did, they made me feel, this program made me feel that I wasn't a failure. They of course wanted me to quit, but if I cut down, that was okay too. And they were just trying to make me feel good about myself. Anyway, they gave me plenty of support. There were trained medical people that you had there, nurses, so I felt like it just wasn't something trying to make money off me.

You know, thank God I'm here today. It was a little late that I quit, but I am smoke free for now two years, a little more than that. I've been through the chemotherapy, I've lost my lung and all the other wonderful things you can think of smoking does it did to me. I'm just here that maybe that \$500 per person, you can save somebody what I've been there. That's really •• you know, I'm just here to compassion and I just thank you for listening to me.

**CHAIRMAN MYSTAL:**

Thank you very much, Mr. Russo. Our next speaker is Calvin Morang.

**MR. MORANG:**

I didn't want to quit. I enjoyed my cigarette and my doctor told me about this smoking cessation class, she says, "It's free, give it a shot," you know. So I figured all I had to do was lose some time, you know, because I was smoking all through the class and even after the class for a while. But she said it was free and I don't think people would try it if it wasn't free. I can't see how somebody would want another expense, you know, especially if they're buying cigarettes and then they're going to try to stop smoking. But I haven't had a cigarette, it's going to be •• the 18th of this month will be one year and I feel great. I had a terrible cough, I don't cough no more, I haven't gotten sick the whole winter and I drive a cab and people are always getting me sick in the cab and I didn't get sick once this year and it's due to not smoking. I believe people would try other alternatives, they would try hypnosis and they would try acupuncture, but they wouldn't •• I don't think they would pay for the medications, not with a positive guarantee that they're going to quit smoking. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much. The next speaker is Cheryl Hughes.

**MS. HUGHES:**

Good afternoon.

**CHAIRMAN MYSTAL:**

Good afternoon.

**MS. HUGHES:**

I haven't gotten used to the idea that there's an appendage now, I keep dropping it. My name is Cheryl Hughes and I'd like to speak to you about the Smoking Cessation Program and what's being initiated as the \$500 cost for the program.

I'm a retired transportation coordinator and a native of Long Island. I had many quit attempts in my 36 years of smoking and did not succeed in these attempts until I attended the Learn•To•Be•Tobacco•Free Program.

Unfortunately, I had to retire early due to serious health issues including COPD, asthma, broken hip, cervical cancer, center nerve root damage, etcetera, etcetera. My annual income at that point had dropped \$45,000 a year. I can sometimes not afford my medicines, 13 in all, which ensure •• you know, with insurance. There is no way possible I could have afforded the course or the medications which are about \$68 for patches per month, \$165 for nasal spray a month, \$286 for a box of the inhalers monthly.

I met many of the participants who were students, hard working, single parents, hard working families who also could never have afforded the course or the meds and I know that have been successful in quitting smoking. I used to be able to afford cigarettes for less than half the cost of the medications to quit, so there was a little less incentive there. Many insurance companies will not pay for these medications. I would be attached to an oxygen bottle and be using nebulizers three times a day without these meds or the course, and I would like to see my grand kids grow up.

This program is vitally important to the people out there like myself who have serious nicotine addictions. There is no other program like it out there and I'm very, very glad that I was given, you know, the chance to go to the

program as I probably would not be able to afford to go to it now. I have been smoke•free for two•and•a•half months. Thank you for listening.

**CHAIRMAN MYSTAL:**

Thank you. Next speaker is Corinne Whitaker. In the interest of full disclosure, I want to make sure that people understand my relationship with Ms. Corinne Whitaker; she's like a surrogate mother so, you know, she's allowed to beat up on me any time she wants to.

**LEG. ALDEN:**

She's a lot younger than you, how can she be your surrogate mother?

**CHAIRMAN MYSTAL:**

She's just prettier than me, that's all.

**LEG. ALDEN:**

A lot prettier than you.

**CHAIRMAN MYSTAL:**

Good afternoon, Ms. Corinne. How are you?

**MS. WHITAKER:**

Hi. How are you? Okay, being you said who I was, I'm still Corinne Whitaker. I attended the Tobacco•Free Program at the Maxine Postal Tri•Community Center in the beginning of this issue and when I attended class I was totally educated on the addiction that I had to tobacco, which I really didn't know all the things that were presented to us. And as a smoker for more than 55 years, one or two packs a day, the impact that the instructor or the educator made as to reasons to be tobacco•free really changed my mind as to whether I wanted to quit or to keep smoking.

I purchased patches on my own, probably thousands of dollars of them. I went and had patches sent to me by the New York State Quit Program. I attended a Smoking Cessation Program through HIP. I also was hypnotized, all to no avail. What was missing was the interaction that we had at the Tobacco•Free Program that was offered by Suffolk County.



I feel this program should continue on a no•fee basis to help all the individuals who wish to stop smoking. We have our tax dollars allocated to saving wildlife, our Pine Barrens, our shore lines, etcetera, but what good is preserving all these things if we don't have nobody here to enjoy them? We are reducing our life expectancy because of smoking and even secondhand smoking. The cost of the health benefits, the County has to pay for this program, has to pay for the Public Assistance to offset •• would offset those on this stop smoking program. The only thing that I didn't like about this program is the 20 pounds that I gained since I stopped smoking.

So please, you know, consider this for all individuals who need to get this monkey off their back because it is a terrible, terrible thing. And I must thank Suffolk County for affording me the privilege of going through this program and stopping smoking. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much, Corinne. Next speaker is Deborah Arch•Bennett.

**MS. ARCH•BENNETT:**

Hi. I took this course and at the Shinnecock Health Center in Southampton where I live on the reservation. The course was offered free which is why I took it. I am working full•time, I am a single mom, I have three children, one severely autistic. I didn't think I'd be able to stop smoking, for that reason is one of them, the stress that that causes me alone just being a single mom, working full•time with an autistic child. But what the program taught me is there's other ways to cope with things.

I've quit, tried to quit smoking. I've smoked since I was 22, I'm now 50. I have tried to quit many times, over and over, on my own, have succeeded but never permanently, never managed to stay non•smoking because I thought I was a smoker that just wasn't smoking today. I today feel like I'm a nonsmoker, which I don't •• I can't really •• like others, I don't have anything prepared because this is from my heart. I felt like I came up here for this, I drove an hour in this heat because I felt like it was •• I think it's very important that this program is offered to people. I want to see my children grow up, I want to be there for them. I, too, gained weight, but

now because I don't smoke I can run, walk, exercise, so the benefit it's going to give me outweighs that. And once again, I couldn't have afforded this, I couldn't have afforded the patches, I never tried all that before so that's why I was open•minded enough to go, "Okay, if there's a way to cut down and do it this way, maybe this will work for me on a permanent basis." And what it taught me in my mind was more important than just not smoking anymore. And I appreciate you hearing me.

**CHAIRMAN MYSTAL:**

Thank you very much. Next speaker is Daniel Fallon ••

No, no, no, I'm jumping the gun. Mr. Fallon, wait a minute, I'm jumping the gun. Okay, after that I have Kevin McAllister on a change of pace.

**MR. FALLON:**

Good afternoon. My name is Daniel Fallon. Thank you for affording me this time.

I recently completed the quit smoking program provided by Suffolk County and I was so impressed with the program as well as grateful that I wrote a letter to them to express that. I'd like to read the letter but before I do I want you to know a little bit about my background.

I suffer from severe emphysema and four years ago my pulmonologist suggested that I approach New York Presbyterian Hospital to be considered for a lung transplant, because at that point my condition was very severe. New York Presbyterian, looking at my medical records, determined that I was indeed a candidate and asked me to come in for evaluation because I was an end•stage emphysema patient. I struggled all my life to get off of cigarettes. I tried every program I could find. I went to hypnotists, I joined seminars, I even traveled to Boston twice, all out of my own pocket, money I didn't have to spend but I tried. During the evaluation I managed to get off of cigarettes, but what I didn't know was I had only eliminated the habit. I had not worked on the physical or the emotional addiction, so inevitably I started to smoke again. But during that time, when I was not smoking, my condition stabilized and I no longer need a lung transplant.

When I saw this program, if there had been a cost attached to it I would

have continued on. I was referred to it and I went to the website and I when I saw that it was available and it was free, having been someone who has spent a lot of money in the past and failed, I would have never gone; I did go and within three weeks I was smoke•free.

The program taught me not only why I smoke, how it affected me, it also gave me the tools I needed so that I can stay off of cigarettes. I now understand the full ramifications of this addiction. And now I'd like to read the letter to you because I think it's important that people know what this program does. I particularly address this to the gentleman who conducted the program.

It starts, "Dear John, shaking your hand and saying thank you just doesn't express the gratitude I feel for the help you have given me with the Smoking Cessation Program. Seven weeks ago I walked into that room, like all of us, looking for help; everyone had a reason for being there, every reason being as important as the next. For me, not smoking is truly a matter of living or dying. I showed up scared, nervous, confused and ashamed. Your lectures, education, material and knowledge helped me remove or at least lessen each of those things. Your concern for the people in your classes and compassion for what you do gave me the incentive not to fail. You went far beyond your job in reaching out and offering your hand to whoever wanted it."

Over the course of a six week program, you helped arm me with the tools I need to dismantle the prison cigarettes have put me in and you gave me the courage to try, regardless of whether I failed or succeeded, because through you I learned even failing is succeeding as long as I have tried. Tonight as I left I said thank you, something I have been saying even when you weren't able to hear, every time I chose not to light a cigarette and instead took a few deep breaths or got myself busy doing something other or simply told myself the most this craving could last is six minutes; these are things you taught me."

I know ultimately I am the one who set a quit date and I am the one who is

using the medications instead of smoking. I know that I make the choice each and every time that I do not light up, but it is important to me that you know none of this would happen had you not convinced me I had the ability to choose. Whether I stay quit or not, I will always know that I need to, what I need to do and how to do what I need in order to be smoke•free. I like to think that if it is God's will that I remain on this Earth a little longer because I have stopped smoking, it is because he can see the work you are doing and that is his way of saying thank you." Thank you for your time.

**CHAIRMAN MYSTAL:**

Thank you very much. We have a few people, Kevin McAllister on the Forge River.

**MR. McALLISTER:**

Good afternoon. I'm Kevin McAllister, I'm going to talk about the Forge River but hopefully leave a larger message for you.

Approximately one year ago, if you might have seen this in the press, the situation at the Forge River came to light with a large fish die•off and large scale {algebloom}. Subsequent to that event, with the conditions that were present, I submitted a petition to the New York State DEC to have the river placed on the Impaired Waters List. Ultimately that was supported by a body of data, at the time limited, Suffolk County's data as well as our own. In April that river was, in fact, declared as impaired waters which really means it doesn't meet the water quality standards, and the standards are it should be swimmable, direct physical contact should support shell fish growth and also fish survival and {propagation}. And the impairments are largely designated, there's too much nitrogen coming in from multiple sources, there's two duck farms that function, antiquated cesspools in Mastic and the Moriches sides. We have, you know, six feet of remnant duck muck that's releasing nitrogen as well as well as green lawns. This nitrogen load chronically triggers {algeblooms} which in turn die•off quickly, suppressing the oxygen levels and again causing fish kills. And as the oxygen levels get so low, the bottom bacteria release hydrogen sulfites really gassing off. So it has been a chronic cycle, there's been several instances of these blooms from certainly last summer.

The other impairment is the bacteria loads that are coming in. Again, this could be from antiquated cesspools, storm water runoff is a significant source of bacteria levels, as well as this particular river has a large population of swans in there.

I will tell you •• and again, this is home waters for me •• I learned to water ski on the Forge River and I know it's wildly used for recreation presently. With, again, the conditions that we're seeing, I do support Legislator Browning's intent to have this river posted as impaired waters for public health concern. You know, I think that the first step in recovery is public awareness. And honestly, I don't see this as really a minor cost to Suffolk County, but it would raise the level of awareness throughout the community. I would like to see the Forge River become a model for recovery with government working with the community to really see this tributary recover. It is not unique. Between the south shore and Peconics, there are nearly a hundred tributaries and bayments that are either stressed and a number which are classified as impaired, just not meeting water quality standards.

So I ask you to support the legislation. I ask you to think about within your districts, your home waters, the decisions on land use, on sewage treatment plants. It's a little discouraging to see a sewer agency recently approve an in•ground plant of the headwaters of the Forge River, adding more nitrogen to an already overburdened system. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much. The next speaker is Mary Ann Johnston.

**MS. JOHNSTON:**

Good afternoon. I'm Mary Ann Johnston, I'm the Apco representative on the Save the Forge River Protection Task Force. The Forge River is in terrible shape. Kevin is absolutely correct, the river is in terrible shape. We are discouraged that the sewer agency recently approved the placement of a groundwater discharge plant in the headwaters, almost as if it were done in a vacuum. However, the signs are the beginning of awareness. Many of the people who live along the shores of the Forge River have no idea of the hazard it presents to their health, absolutely none. Many people fish and



crab and eat that fish and that is unacceptable. This County has a legal and a moral obligation to protect the residents and the communities along that river, and the beginning of protection is signs. You have liability without signs because you certainly can't say you don't have awareness.

So we are asking respectfully that this town, that this body pass Legislator Browning's initiative to put the signs along the river, because when we begin to educate the community that borders that river, we begin to have a consciousness of awareness, people stop using fertilizer, they're conscience of what's going in to the river and they're conscience of now they use it and they use it with caution.

So we ask you respectfully to please pass this resolution. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much. The next speaker is John Scigignano.

**UNKNOWN AUDIENCE MEMBER:**

He's not here, he had to work.

**CHAIRMAN MYSTAL:**

Not here? Okay. The next speaker is William Lupski, accompanied by Louise.

**MR. LUPSKI:**

My name is William Lupski. I want to back Kate Browning on the signs going up, we've been trying for over a year to get these signs up and according to the Health Department, they didn't want to put them up, they're only for beaches and other tributaries, but the Forge River was off limits.

The only thing I want to impress on you is we see these kids on rafts, water skiing and so forth on the Forge River and the Forge River, I believe, is dead a little past •• from the mouth of the Forge River to the {Poospatuck} Creek is really the bad spot of water that is completely dead. I live on Wills Creek and there's no life whatsoever in there. The other problems we will work on, but I believe you should really help her to get these signs up. Thank you.

**CHAIRMAN MYSTAL:**



Thank you. Louise?

**MS. LUPSKI:**

I only can be happy that Kevin and Mrs. Johnston and my husband •• I'll just ditto it; something should be done about the Forge River. To me the pollution is overwhelming, especially every June, whether it's someone dumping the cesspools from these housing complex, that's my feeling, it's more than the duck farms because we live there, like my husband said, since 1961. You can put up with duck pollution but that other pollution, I think it has to be corrected. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much. Donna Cange.

**MS. CANGE:**

Good afternoon, committee members. My name is Donna Cange, that's C•A•N•G•E, I'm the secretary for Save the Forge River. We at Save the Forge River, Inc., have established a membership of over 200 active residents; we represent the communities that surround the Forge River which include Manorville, Mastic, Mastic Beach, Center Moriches and the Moriches. It has been documented that there's a significant levels •• there is significant levels of fecal coliform bacteria present from the numerous waterfowl such as the population of swans and the duck farms at the headwaters. Also, it has been recently reported that one of the biggest sources of pollution is the antiquated cesspool systems leaching directly into the Forge.

We have the task of educating local residents about pollution solutions and we are advocating for Legislator Browning's resolution to post advisory signs at the river. We believe that this will only promote public participation into the process and help the local residents to take action to help participate in whatever way they can get involved. Because it has been documented, the County has the responsibility to warn the residents of dangers that may harm them.

As a full environmental restoration from shore to shore is our goal, be assured that with your support we could take a small first step to producing effect for years to come. On that note, we believe that knowledge is power

and we need the power of this type of resolution that can enable us to create a change for the large number of residents that live and around the Forge River.

I have another copy of a letter; can I distribute that as well ••

**CHAIRMAN MYSTAL:**

Yes, give it to the Clerk.

**MS. CANGE:**

•• with the impaired waters list that we got documented from the New York State DEC.

**CHAIRMAN MYSTAL:**

You can give it to him, he will distribute it for you.

**MS. CANGE:**

Okay. Thank you very much. Thank you for your time. I just want to mention another thing, that the Peconic health keeper •• Baykeeper, sorry, he has a Health Index Report and we're highlighted in that as well. And I wanted to make sure you get a distribution of that, I think he left some copies.

**CHAIRMAN MYSTAL:**

We got that. Thank you very much.

**MS. CANGE:**

Thank you.

**CHAIRMAN MYSTAL:**

You're talking about this one?

**MS. CANGE:**

Yes.

**CHAIRMAN MYSTAL:**

Yeah, we got it. Okay, the next speaker, an old friend, Joe May.

**LEG. ALDEN:**

Where's the bag pipes?

**MR. MAY:**

They're not in the car. Yeah, and I played the bag pipes for the ladies in the cancer walk about three weeks ago. History, I have 30 years Suffolk PD, I play the bag pipes in the band there. The community, probably 30 years I've been involved in the Mastic•Shirley area doing stuff, you know, being an activist, as many know on the board here.

Back in August or June of last year, I live there and it was smelly, it was a cesspool and within a month •• at the first meeting I held up this basically at everything I showed up at, cesspool river, it's not Forge River anymore. I believe it's being done by some kind of catalyst into the river, I don't believe it's our cesspools, it could be runoff. But the study going on now is the best thing that's happening and the task force that was involved, actually was put in place in October is great. Obviously, I'm for letting everybody know about the hazard because kids are fishing, swimming, doing their thing by the dock. The dock is kind of quiet at the Forge River lately, not catching much.

I want to put on record the minutes of Save the River Committee on July 13th, there was 200 people down at the marina listening and speaking into the microphone, so there's 20 or 30 people discussing the type of conditions that are at the river. August, the end of August, the end of September also that committee has minutes that were taken. I spoke October 6th to this body requesting a task force because there wasn't a task force at the time and those minutes I have, I can give you a copy of that or I'll probably most likely give it to Legislator Browning.

I also have minutes of the town meeting, I held up the same sign and the same song and pony show. Basically the river was dying. June, this June it happened again, my grandson came by the dock, he's three months old and when I looked up at the dock and I'm down in a zodiac and I'm looking in the water, the gray water and the smell, every foot along the bulk head there was a baby eel about an inch long, a black little thing every foot, so

you had a hundred baby eels trying to breathe. So if they're trying to breathe, somebody better know out in the public that they shouldn't be near or using the water or what the extent is if they do decide to use Forge River.

We petitioned the DEC. I, along with Kevin McAllister, we sent 400 names on a petition up to a small office in Albany, Water Quality for the DEC asking for the designation of impaired. I have a map here, the hot spot is the marina at waterways and town dock, and if you're familiar with it, it's the triangle up to the railroad tressel; five thousand is a steady number, off and on for the last year and a half. It was 3,000 on the first speech •• the officials were saying down on Forge River saying it was a plume, that it wasn't a real problem. And we hear 1,000 is a bad number; this 5,000 is not only 5,000, it's 160,000 in October and it jumps up and down, it can go as high as 160,000, whether it's fecal matter or just a different kind of plume. So the numbers obviously have been in there.

The task force, I'm involved in a task force and in the task force it says the public should be notified of what the task force is doing and I believe the County on the health level is not •• is dragging its feet on bringing statistics to the meeting once a month. In the resolution for the town task force it says, "Be it further RESOLVED that all reports, findings and recommendations of the task force shall be made available to the public on a periodic and regular basis and distributed to local groups, organizations, individuals including local libraries. And any elected official representing the Forge River area shall be entitled to representation and participation of the task force and access to all data, documents and information." I'm kind of a documents guy, being with the Police Department, I want to see it in writing. I'm not going to let up and I've been waiting almost 90 days for the last two or three months of statistics that happened in this black hole in the area near my house. Different copies I presented, like I say, in October. Just a quick one, John { Scignano } had to go to work, this guys goes to work at five in the morning in Nassau County, works there, does the civic thing and then he shows up, at two o'clock in the morning he was at a town meeting three nights ago talking about this topic. So he's really dedicated to this, John Scignano with the Mastic Park Civic; basically to the Suffolk County Legislator, the Forge River, Kate Browning, we are agreeing with the

Legislator Browning directing the Suffolk County Department of Health Services to post advisories of the Forge River, resolution so and so. We also request," there's four or five items which I have given to the Legislator and I've given to the town representatives, it's to investigate both sides of the river, investigate the mud on both sides of the river, ground water 90 feet deep, both sides of the river.

**CHAIRMAN MYSTAL:**

Joe, could you wrap up, please?

**MR. MAY:**

In wrapping up, I'm saying we said don't point fingers a year and a half ago and we're starting to point fingers and it's pointed at Mastic Park. There's two sides of the river and the river is five miles long, look at the whole thing. And I would like to have an appointment with Mr. Swenson or Swanson, there's I guess \$400,000 allocated to test the mud in the river and I would like to be right on site when we find out where the sites are to start off with. Thank you, Mr. Chairman. Thank you, Ms. Browning.

**CHAIRMAN MYSTAL:**

Thank you. This ends the public portion, we are now going straight into the agenda. We are going to pull out Resolution 1879 out of order and vote on it so that people could listen to how we discuss.

***1879•06 • Directing the Suffolk County Department of Health Services to post advisories on Forge River (Browning).*** Do we have a motion?

**LEG. ROMAINE:**

Motion to approve.

**CHAIRMAN MYSTAL:**

Motion to approve Legislator Romaine.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Stern. All in favor? Abstentions?

**MR. BROWN:**

Excuse me, Mr. Chairman.

**CHAIRMAN MYSTAL:**

Yes?

**MR. BROWN:**

I would just like to •• Dennis Brown from the Law Department. I would just like the committee to be aware that the Law Department does have an opinion with respect to this resolution and that is in that the first RESOLVED class it's questionable whether or not a Legislative body has the authority to direct the Public Health Commissioner to act in accordance where this resolution says that it should act, he should act.

**CHAIRMAN MYSTAL:**

All right. If you would please bring it up on Tuesday when we're voting on the full Legislature here and you can give your opinion on that at the full Legislature on Tuesday.

**MR. BROWN:**

Thank you, sir.

**CHAIRMAN MYSTAL:**

You're welcome. We were in the process of taking the vote. All in favor? Abstention? No? ***The resolution is passed (VOTE: 5•0•0•0).***

### **Tabled Resolutions**

Okay, now we go into Tabled Resolutions.

***Resolution 1226•06 • A Local Law creating the East End Health Care Task Force (Romaine).*** I make a motion to table.

**LEG. EDDINGTON:**



Second.

**CHAIRMAN MYSTAL:**

Second by Legislator Eddington. All in favor? Opposed?

**LEG. ROMAINE:**

Opposed.

**LEG. KENNEDY:**

Opposed.

**CHAIRMAN MYSTAL:**

Legislator Romaine, Legislator Kennedy oppose. Abstentions?

***The motion to table carries (VOTE: 3•2•0•0 Opposed: Legislators Romaine & Kennedy).***

***IR 1740•06 • Amending Resolution No. 386•2006 to establish a new fee policy for the Suffolk County Tobacco Cessation Program (Alden).*** Legislator Eddington, you wanted the floor?

**LEG. EDDINGTON:**

Yes, on the issue. I have •• many members of the Legislature have been working on this issue and I for one have been dealing with the County Executive. As a drug prevention educator for 26 years, I realize that we're dealing with different perceptions and the four models of prevention, whether it be psychosocial, socio economic, medical or personal defect, and that seems to be the one that I'm having trouble with, people that believe it's their problem. I do believe it's all our problem and I'm trying to work with people that may feel that it's a personal defect issue. What I'm trying to do right now, I have an agreement with the County Executive to take the pricing that we did and reduce it drastically; in fact, I'm going to ask Allen Kovesdy to come forward and just briefly tell us so you'll have an idea. Because my whole background is I'll take what I can get now and we'll continue to work to get this back to the free program that it was. Thank you.

**MR. KOVESDY:**

Good afternoon. My name is Allen Kovesdy, as of today I'm the Director of Administration for the Health Department. I was asked to try to come up with something that will work for the County Executive in the resolution and to reduce the price dramatically so that nobody who wanted to enter the program would be turned away. And the Health Department has agreed and the County Executive has agreed that the sliding health scale which is currently in effect will view all seven sessions as one session, so the base price for somebody who earns under \$32,000 and is single will be no greater than \$18 for all seven sessions. In other words, we're going to go after the insurance money, but whatever it says on the schedule, which I had given a copy to all of the Legislators a few months ago but I have a copy if you want it now, has been reduced and people who have no money will be charged only \$15 for all sessions, person who has a family of four who earns under \$50,000 will only be charged \$15. So we basically reduced it, made all the sessions count as one and that reduced it and we're not going to ask for any offsets or anything like that, whatever money comes in we will accept, whatever money doesn't come in we will not take from any other program.

**CHAIRMAN MYSTAL:**

Let me say a couple of things. Obviously I'm going to make a motion to table this resolution, but this program does not go into effect supposedly until January and this Tobacco Cessation Program was part of a budget package presented by the County Executive to reduce, you know, our deficit. I am hoping and it is my intention to revisit this subject after the County Executive has submitted his budget in September and we have looked at it to see if, in fact, we do need to have the Tobacco Cessation money into the budget, that if we can just eliminate it altogether and go back what we were doing before. Because this was a package given to us for budget reduction, I want to see what happened between now and the budget presentation which will be in September and our deliberation on the budget, of the 2007 budget. Because if anybody remembers, this does not go into effect until 2007, so everybody is jumping the gun, it's 2007. And what I'm trying to say is that this was not a bill that was by itself on tobacco cessation, it was part of a budget process. What I want to do and what I'm asking my colleagues to do is to go to the budget process, see what the County Executive comes up with in his budget and then see what we do, because we always do something with his budget, see what we do with his

budget and possibly do away with that part of the tobacco •• that part of the budget that has to do with tobacco cessation in terms of the money we're going to need from it.

This whole thing started because the County Executive is trying to recoup some money. Now, it may be we say, "Okay, if you have insurance we'll charge your insurance, if you don't have any insurance we charge you nothing," it may be that. But I don't know that, I could not make that decision until I see the budget package for 2007. And that's the reason why I want this tabled, so we can look at it. This don't go into effect until January, '07, so we have between now and December to do something about this. And this is not •• I told the Legislator, the sponsor of this legislation and I've explained to him my position on it and •• Mr. Alden, go ahead.

**LEG. ALDEN:**

I appreciate you recognizing me because I'm not a member of this committee, but I do appreciate your comments and the conversations we've had as long as •• and as well as Legislator Eddington's comments. Allen, you know, at least you're looking for a solution to the problem. And the problem is that we get in more than \$20 million on a settlement with the tobacco companies and we should be using that money and a lot more of that money for smoking cessation programs. And I know that a lot of it is taken up with the media type of actions through the Health Department, but this is something that I think was a mistake for us to pass this package which I did support but I didn't realize that this was one of the little kickers in there.

I do support the concept that if somebody's got insurance that it's fair game for the Suffolk County Department of Health to go after that on these smoking cessation programs, but I don't believe that there should be any cash that is required from anybody. We had a lot of testimony and it's good testimony because it says that the program that we do have in place is working and it's helping and saving more than lives, it's creating a quality of life for the people that are survivors, even the gentleman that came and said he had the lung cancer and now he feels he's got a new life because of this smoking program. So I want to compliment the Department of Health

because they get involved in running this program and it is working, you heard the testimony.

I would hope that •• I'm a little disappointed we're going to table it, but I would hope that we would work towards a real good solution and that would be to go back to the old model where we don't charge at all. And we do have a lot of time, so we shouldn't •• and I'm glad you make that clear, we have to make that absolutely crystal clear, that people should not base a decision on whether to use this program or not use this program because they think there is a fee charged, there is no fee charged at this current time. And I'm hoping that we can go back to that model. So thank you.

**CHAIRMAN MYSTAL:**

Thank you. Mr. Kennedy?

**LEG. KENNEDY:**

Just first of all, let me take this opportunity to congratulate you. Allen ••

**MR. KOVESDY:**

Thanks, John.

**LEG. KENNEDY:**

•• on having achieved this high post and having the opportunity to speak to us yet again in another capacity. Having said all that, why would you go ahead and look for just 15 bucks, when it would cost more in time to go ahead and take that make out the receipt than to have the service provided? I'll hold it at that, I know we have time to go ahead and talk,

**LEG. ALDEN:**

Don't criticize him, he's on the right track; lower it, lower it.

**LEG. KENNEDY:**

No, you are, absolutely, positively. And I appreciate the movement, because clearly it is movement and it's a creative way to look at the number of sessions by unifying it up. But I guess I'll just throw that other item out there, just because I had to say something, didn't I? Thank you.

**MR. KOVESDY:**

Thanks.

**CHAIRMAN MYSTAL:**

Thank you. Okay, motion to table the resolution. Do I have a second?

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

All in favor of tabling? Opposed? Abstentions? ***Motion to table the resolution carries (VOTE: 5•0•0•0).***

### **Introductory Resolutions**

***IR 1812•06 • Authorizing Estee Lauder Breast Cancer Awareness Program at the H. Lee Dennison Executive Building and Cohalan Court Complex (Alden).***

**LEG. EDDINGTON:**

Motion to approve.

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Eddington, seconded by Legislator Kennedy. All in favor? Opposed? Abstentions? Motion carries. ***Approved (VOTE: 5•0•0•0).***

**LEG. ALDEN:**

Can I just make one quick comment on this?

**CHAIRMAN MYSTAL:**

We just voted yes on it, you make a comment I'm going to reconsider.

**LEG. ALDEN:**

I don't think you would reconsider it.

**CHAIRMAN MYSTAL:**

Go ahead.

**LEG. ALDEN:**

But just a couple of quick things to point out. We've been doing this since 1999, it actually has saved lives because people have come forward and said that they became aware of breast cancer and they're own diagnosis follow some of the things that we've done here.

The second thing I just want to touch on real quickly, and Legislator Kennedy mentioned it before, the high cost of cancer and cancer treatment. It actually cost me, and I didn't have insurance, it cost me over a quarter of a million dollars for my initial operation and the follow•up treatment for my cancer.

**CHAIRMAN MYSTAL:**

A quarter of a mill?

**LEG. ALDEN:**

Actually over \$250,000. I was in ••

**CHAIRMAN MYSTAL:**

How did you find that kind money?

**LEG. ALDEN:**

I paid it off, I paid it off, Elie.

**CHAIRMAN MYSTAL:**

Whoa.

**LEG. ALDEN:**

I was in the hospital for over two weeks and the bill was running and the doctors that had operated on me had an almost 12 hour operation. So anything that we can do to raise awareness. And as you were speaking before, Legislator Kennedy, anything we can do to try to, you know, ease that burden on people is something that we owe the people in Suffolk County. Thank you.



**CHAIRMAN MYSTAL:**

Thank you.

***IR 1874•06 • Accepting and appropriating 91% Federal grant funds passed through the New York State Department of Health to the Suffolk County Department of Health Services for the Childhood Lead Poisoning Prevention Program (County executive).*** Motion to approve by myself, seconded by Legislator Eddington. All in favor? Opposed? Abstention? Motion carries. ***Approved (VOTE: 5•0•0•0).***

***IR 1875•06 • Amending the 2006 Adopted Operating Budget to provide additional funding for Outreach Development Corporation for the expansion of their Managed Addiction Treatment Services Program (County executive).*** Motion to approve by myself, second by Legislator Eddington. All in favor? Opposed? Abstentions? Motion carries. ***Approved (VOTE: 5•0•0•0).***

***We already did IR 1879.***

***IR 1890•06 • Amending Resolution No. 176•2006, Public Health Nursing Task Force (Viloria•Fisher).*** Motion to approve.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. All in favor? Opposed? Abstentions? Motion carries. ***Approved (VOTE: 5•0•0•0).***

### **Memorializing Resolutions**

***Memorializing Resolution 56•2006 • Memorializing Resolution in support of the inclusion of basic cardiopulmonary resuscitation (CPR) training in secondary school health education curriculum (Alden).*** Motion to approve by Legislator Eddington, seconded by myself. All in favor? Opposed? Abstentions? Motion carries. ***Approved (VOTE: 5***

**•0•0•0).**

Motion to adjourn ••

**LEG. EDDINGTON:**

Here.

**CHAIRMAN MYSTAL:**

•• by Legislator Eddington, seconded by myself. We are adjourned.

**(\*The meeting was adjourned at 2:39 PM\*)**

***Legislator Eli Mystal, Chairman  
Health & Human Services Committee***

**{     ] • Denotes Spelled Phonetically**